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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126800001		CITY OR TOWN	TEMPLET	ON
APPLICATION FOI	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JAMES A. DEVE	AU CORP.			
DOING BUSINESS	A CANDLELITE O	CAFE OF TEMPLET	ON, INC.		
ADDRESS 712 PAT	RIOTS RD				
CITY/TOWN: TEN	MPLETON	STATE: MA	ZIP CODE:	01468	
MANAGER: DEV A.	EAU, JAMES TY	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
		WITH BAR PREMIS AR/CELLAR. ONE F			
I hereby certify and s	swear under penaltie	s of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises nov	v licensed;	
2. the licens	ee has complied with	n all laws of the Comr	nonwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not explain	ain below)		
SIGNED BY:	Indiaideal Dage	r or Authorized Corpo	out Office		
	individual, Partne	r or Authorized Corpo	orate Officer		
DATE:			EMPLOYE	D IDENTIFICATI	EION MUMDED
DATE.	TELEPHON	NE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signed	d by the building in	e in possession (1) the spector and the head liability insurance r	l of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126800003		CI	ΓY OR TOW	N TEMPLET	ON
APPLICATION FOR	R RENEWAL:	Annu	al	LICE	ENSED FOR 20	13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 3 CENT		RFIELD POST	Γ #373 AM	I.LEGION		
CITY/TOWN: TEN	MPLETON	STATE:	MA	ZIP CODE:	01436	
	GRAS, TYP GINIA	E OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		
	LICENSED PREMIS					
	R, THREE ENTRANG M,KITCHEN,OFFICE				N SECOND FI	LOOR
2. the licens	red license will be of the ee has complied with sess are now open for build individual, Partner	all laws of the ousiness (If no	Commony ot explain b	wealth relating		
DATE:	TELEPHONI	E NUMBER:			ZER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and th	e head of	the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)			OCAL LICE	NSING AUTHO	DRITY
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126800008	CI	TY OR TOWN	TEMPLETO	ON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: OTTER RIVER S	SPORTSMAN'S CLUB IN	IC.		
DOING BUSINESS A				
ADDRESS 250 LORD ROAD				
CITY/TOWN: TEMPLETON	STATE: MA	ZIP CODE:	01436	
MANAGER: O'MALLEY, MAX TY	YPE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM TWO FLOORS, KITCHEN/DINING R MEETING ROOM/BAR/TWO ENTRA	OOM, ONE ENTRANCE		D. FLOOR	
I hereby certify and swear under penaltic				
1. the renewed license will be o		ne premises now	licensed;	
2. the licensee has complied wi	* *	-		
3. the premises are now open for	or business (If not explain	below)		
SIGNED BY:	A 4 1 1 1 C	0.00		
Individual, Partn	er or Authorized Corporate	e Officer		
DATE: TELEPHO		EMPLOWED	TO ENTERE CAME	ION NII I IDED
TELEPHO	NE NUMBER:	(Note: NOT Ind	. IDENTIFICAT ividual Social Se	
		·		
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	nspector and the head of	the fire departn	nent for the	above named
Please Check Below:	I	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:]	Ву:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126800009		CITY OI	R TOWN	TEMPLET	ON
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013						013
		CLASS	\$			YEAR
LICENSEE NAME:	1ST C.P. 29 MAIN S	TREET LLC				
DOING BUSINESS	A OTTER RIVER HO	TEL				
ADDRESS 29 MAII	N ST					
CITY/TOWN: TEM	MPLETON	STATE:	MA ZIP (CODE:	01436	
MANAGER: Buzz Jr	zell, Kenneth E, TYPE	OF LICENSI	E:General on premise	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS		OUR EMAIL ADDRES	SS		
	LICENSED PREMISE				IGEG AND E	XXIII O
IN FRONT AND ON	R AND DINING AREA NE IN SIDE REAR.	. 2ND FLR,B	ALLROOM, 3	ENTRAN	ICES AND E	XITS,2
 the renew the licens 	swear under penalties of yed license will be of the ee has complied with al ses are now open for bu	e same type fo I laws of the C	Commonwealth	relating to		
SIGNED BY:	Individual, Partner or	· Authorized C	Corporate Offic	eer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	DENTIFICAT	ION NUMBER:
			(Not	te: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	d, attest that we are in d by the building inspe certificate of liquor lia	ector and the	head of the fi	re departr	nent for the	above named
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	 ain)					
(II disupproved expre	uiii <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 126800012	•	CITY OR TOWN TEMPLE	ION
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	E: TEMPLETON	N FISH & GAME CLUB IN	IC.	
DOING BUSINES	S A			
ADDRESS 200 CI	LUB RD			
CITY/TOWN: TE	EMPLETON	STATE: MA	ZIP CODE: 01438	
	GERE, RMAND	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	F LICENSED PR	EMISES:		
		E ENTRANCE AND EXIT NTRANCES AND EXITS	T. FIRST FLOOR MEETING	
I hereby certify and	l swear under pen	alties of perjury that:		
1. the rene	wed license will b	be of the same type for the s	ame premises now licensed;	
2. the licer	nsee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the pren	nises are now ope	n for business (If not explai	n below)	
SIGNED BY:				
SIGNED D1.	Individual, Pa	artner or Authorized Corpor	ate Officer	
DATE:	TFI FP	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	ILLLI	HONE NOMBER.	(Note: NOT Individual Social	Security Number)
			certificate required by Chap	
			of the fire department for the	
ncense and (2) the	e certificate of no	quor nabinty insurance rec	quired by Chapter 116 of the	ACIS 01 2010.
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	.1.:			
(If disapproved exp	oiain)		-	
DATE:				
APPLICATION FOR REN	EWAL MUST RE EII EI	D BY LICENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)
		. D. Lieza ideed Demini The Mon	ο τωπερειτ (π.σ.ε. cii. 130 φ i	· · · · /



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126800013		CITY OR TOWN TEMPLE	ETON
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: ROYALSTON	N FISH & GAME CLUB I	NC	
DOING BUSINESS	S A			
ADDRESS 551 RC	YALSTON RD			
CITY/TOWN: TE	MPLETON	STATE: MA	ZIP CODE: 01436	
	NGRAS, RGINIA	TYPE OF LICENSE: Clu	b CATEGORY	Y: All Alcohol
EMAIL ADDRESS	5 :			
	PLEASE ALSO VISIT C	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PRI	EMISES:		
CLUB HOUSE,GR EXITS	OUND FLOOR.	ONE ROOM,ONE STOR.	AGE ROOM, TWO ENTRAN	ICES AND
I hereby certify and	swear under pena	alties of perjury that:		
1. the rene	wed license will b	e of the same type for the	same premises now licensed;	
2. the licen	see has complied	with all laws of the Comm	nonwealth relating to taxes; and	d
3. the prem	nises are now oper	n for business (If not expla	in below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004, sign	ed by the buildin	ng inspector and the head	e certificate required by Cha I of the fire department for the equired by Chapter 116 of th	he above named
Please Check Below:	_		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	iain)			
			-	
DATE:				
APPLICATION FOR RENI	EWAL MUST BE FILEC	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	\$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 126800017		CITY OR TOWN	TEMPLET	ON
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	IE: EM & HT INC.				
DOING BUSINE	SS A VILLAGE LIQ	UOR & MINI MAR	Γ		
ADDRESS 7 ELM	M ST				
CITY/TOWN: T	EMPLETON	STATE: MA	ZIP CODE:	01436	
MANAGER: TA	ADROUS, HANY T	YPE OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
I hereby certify an 1. the ren 2. the lice	nd swear under penalti newed license will be	tes of perjury that: of the same type for the the continuous of the Continuous continuo	A CELLAR FOR STO	licensed;	
SIGNED BY:	Individual, Partr	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126800019		CITY OR TOWN	TEMPLET	ON
APPLICATION FOR RENEWAL:	ICATION FOR RENEWAL: Annual LICENSED FOR 20			
	CLASS			YEAR
LICENSEE NAME: MATTHEW I DOING BUSINESS A PATRIOT P ADDRESS 00394A PATRIOTS RD	ACKAGE			
CITY/TOWN: TEMPLETON	STATE: MA	ZIP CODE:	01468	
MANAGER: NADEAU, MATTHEW	TYPE OF LICENSE:Pac	kage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:				1
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PR	EMISES:			
TWO FLOORS, FIRST FLOOR, 5 I	ROOMS SECOND FLOO	R 4 ROOMS. CELL	AR NOT US	SED
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will be	be of the same type for the	same premises now	licensed;	
2. the licensee has complied		_		
3. the premises are now ope		•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNED BY: Individual, Pa	urtner or Authorized Corpo	rate Officer		
DATE: TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED: (If disapproved explain)				
(ii disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126800020		CITY OR TOWN	TEMPLET	ON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	CMSA, INC				
DOING BUSINESS	A TEMPLETON SPIRIT	Γ			
ADDRESS 197 PA	TRIOT RD				
CITY/TOWN: TE	MPLETON	STATE: MA	ZIP CODE:	01438	
MANAGER: LON A	IGIA, MAKHA TYPE O	F LICENSE:Pa	ckage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITI	AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES:				
WEST SIDE FOR D	ST FLOOR/ FOR CUSTO DELIVERIES/SECOND F WO ROOMS FOR STOR	LOOR-ONE RO	OOM FOR OFFICE/	RESIDENCE	EIN
I hereby certify and	swear under penalties of p	erjury that:			
1. the renev	ved license will be of the s	ame type for the	e same premises now	licensed;	
2. the licens	see has complied with all l	aws of the Com	monwealth relating t	o taxes; and	
3. the prem	ises are now open for busi	ness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner or A	uthorized Corp	orate Officer		
DATE:	TELEPHONE N	JMBER:			TON NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:	,11 (0 110 111	
DISAPPROVED:			,		
(If disapproved expl	ain)				
DATE:					
DAIE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126800021	CITYOR	TOWN TEMPLI	EIUN
APPLICATION FOR	RENEWAL: Ann	iual	LICENSED FOR	2013
	CLA	ASS		YEAR
DOING BUSINESS A				
ADDRESS 317 STAT	'E RD			
CITY/TOWN: TEM	PLETON STATE:	MA ZIP C	ODE: 01436	
MANAGER: PARK	ER, THOMASTYPE OF LICE	NSE:Package Store	CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSITE AND ENTR	ER YOUR EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:			
ONE ROOM, ONE E	NTRANCE AND EXIT. CELLA	AR FOR STORAGE	3	
	e has complied with all laws of the sare now open for business (If the same of Authorization).	not explain below)		d
	Individual, Partner or Authorize	ed Corporate Office	Г	
DATE:	TELEPHONE NUMBER	•	MPLOYER IDENTIFIC : <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)	LOCAL By:	LICENSING AUT	THORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126800025		CITY OR TOWN	1 TEMPLET	ON
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE THIRSTY T	URTLE, INC.			
DOING BUSINESS	A THE THIRSTY	TURTLE PUB			
ADDRESS 15 CENT	TRAL STREET				
CITY/TOWN: TEN	MPLETON	STATE: MA	ZIP CODE:	01436	
MANAGER: STA	CY, JOHN F. TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF					T.G. 0
LOUNGE WITH BA EXITS AND 1 EME		KITCHEN, CELLA	R FOR STORAGE	, 2 ENTRANC	ES, 2
I banahar anni:far an d					
I hereby certify and s	•	s of perjury that: Tthe same type for the	e same premises no	w licensed:	
		h all laws of the Com	•		
	-	r business (If not exp	_	, to tailes, alle	
SIGNED BY:					
	Individual, Partner	r or Authorized Corp	orate Officer		
D A TOP					
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT ndividual Social S	
			(1.000. <u>1.00.</u> 1	ndividuai Sociai S	ecurity (variable)
0	*	e in possession (1) the spector and the hea	_		
	•	liability insurance	_		
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	nin)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 126800026		CITY OR TOW	/N TEMPLET	ON
APPLICATION FOR	R RENEWAL	: Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BALDWIN	VILLE PIZZA BARN, INC	•		
DOING BUSINESS	A				
ADDRESS 9 CENTI	RAL STREET				
CITY/TOWN: TEM	IPLETON	STATE: MA	ZIP CODE:	01436	
	MMENOS, CILOS	TYPE OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
DINING ROOM, ON EXIT, KITCHEN AN		CE AND ONE EMERGEN	CY EXIT, REAR	ENTRANCE A	AND
	ses are now op	ed with all laws of the Compen for business (If not explanation) Partner or Authorized Corp	ain below)	ig to taxes; and	
DATE:	TELE	EPHONE NUMBER:		YER IDENTIFICATING INDIVIDUAL SOCIAL S	
Acts of 2004, signed	l by the build	we are in possession (1) the ling inspector and the hea liquor liability insurance	d of the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain]	in)		LOCAL LICE By:	ENSING AUTH	ORITY
(II disupproved expir	····)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 120	6800028		CITY OR TO	WN IEMPLE	ION
APPLICATION FOR RE	ENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: TE	EMPLEWOOD (GOLF COURSE			
DOING BUSINESS A					
ADDRESS 160 BROOK	S ROAD				
CITY/TOWN: TEMPLE	ETON	STATE: MA	ZIP CODE	E: 01468	
MANAGER: MATUSE ANNETT	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMIS	SES:			
ONE ROOM/ONE FLOO	OR, 3 EXITS, 2	OUTSIDE EXITS,	ONE LIVING Q	UARTERS	
I hereby certify and swear	r under penalties	of perjury that:			
1. the renewed li	cense will be of	the same type for th	e same premises	now licensed;	
2. the licensee ha	as complied with	all laws of the Cor	nmonwealth relat	ing to taxes; and	
3. the premises a	re now open for	business (If not exp	olain below)		
SIGNED BY:					
	dividual, Partner	or Authorized Cor	oorate Officer		
DATE:	TELEPHON	E NI IMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TELEPHONE NUMBER:		(Note: NOT Individual Social Security Number)		
We the undersigned, at					
Acts of 2004, signed by license and (2) the certi					
, ,	neate of inquor	nabinty insurance		-	
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disappioved explain)					
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 126800029		CITY OR TOWN	TEMPLETO	N
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 201	3
		CLASS		Y	EAR
LICENSEE NAME: DOING BUSINESS	A KAMALOHT	'ER & LUANNE E.	ROYER		
ADDRESS 1 N. MA	IN STREET				
CITY/TOWN: TEM	IPLETON	STATE: MA	ZIP CODE:	01438	
MANAGER: ROY F.	ER, THOMAS TY	PE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMI	SES:			
CAPACITY SEATIN ADJACENT. KITCH WALL & 2 ON EAS	IEN OPENS TO BA	ANQUET AREA WI			ГН
I hereby certify and s	wear under penaltie	s of perjury that:			
1. the renewe	ed license will be of	the same type for the	e same premises now	/ licensed;	
2. the license	ee has complied with	n all laws of the Com	monwealth relating	to taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY:	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATIO	
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the hea	d of the fire depart	ment for the al	bove named
Please Check Below:			LOCAL LICENS	SING AUTHOR	RITY
APPROVED:			By:		
DISAPPROVED:	:)				
(If disapproved expla	111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126800031			CITY OR TOWN TEMPLETON		
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
	M & JD ENTERPRIS A BALDWINVILLE IRCLE STREET	SE INC.			12.11
CITY/TOWN: TEN	MPLETON	STATE: MA	ZIP CODE:	01436	
	AROLIS, TYPE NIFER	OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
	MAIN DINING ROOM BASEMENT FOR STO			KITCHEN A	AREA
 the renew the licens 	wear under penalties or wed license will be of the ee has complied with al ses are now open for bu	e same type for the Il laws of the Comusiness (If not expl	monwealth relating to ain below)		
	marviduai, Farmei O	Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are ir d by the building insp certificate of liquor lia	ector and the hea	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 126800032		(CITY OR TO	WN TEMPLET	ON
APPLICATION FO	R RENEWAL:	Annu	al	L	ICENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	SANDBAGGERS I	NDOOR GO	LF			
DOING BUSINESS	A					
ADDRESS 7 NORT	H MAIN STREET					
CITY/TOWN: TEN	MPLETON	STATE:	MA	ZIP COD	E: 01438	
MANAGER: VOC	SEL, RICHARD TYP	E OF LICEN	SE:Gene prem		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMA	IL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:				
FT. WITH A SMAL	OOD FRAME BRICK LER ROOM APPRO SW CORNER, THE	X. 16 FT. X 1	0 FT T	HE MAIN E	NTRANCE/EXIT	T IS
I hereby certify and	swear under penalties	of perjury tha	t:			
1. the renew	ved license will be of the	he same type	for the sa	me premises	s now licensed;	
	ee has complied with				ting to taxes; and	
3. the premi	ses are now open for b	ousiness (If no	ot explair	ı below)		
SIGNED BY:	Individual, Partner	or Authorized	Corpora	nte Officer		
DATE:	TELEPHONI	E NUMBER:		EMPI	LOYER IDENTIFICA	TION NUMBER:
				(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signe	d, attest that we are i d by the building ins certificate of liquor l	pector and th	e head o	of the fire de	epartment for the	above named
Please Check Below:				LOCAL LI	CENSING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expl	a111 <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 126800033		CITY OR TOWN TEMPLI	ETON
APPLICATION F	FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: KAYJAY F	OODS INC.		
DOING BUSINE	SS A J.K. CROS	SSROADS		
ADDRESS 119 P	ATRIOTS ROA	D		
CITY/TOWN: T	EMPLETON	STATE: MA	ZIP CODE: 01436	
	BRIEN, HOMAS G.	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION C	OF LICENSED P	REMISES:		
BRICK BUILDIN LEADING TO A	NG WITH A FUI PATIO DINING	LL CELLAR AND TWO EN	HEN ON THE FIRST FLOOF TRANCES AND EXITS, A I FTHE KITCHENA LARGE IRST FLOOR	OOOR
I hereby certify an	nd swear under po	enalties of perjury that:		
1. the ren	ewed license wil	l be of the same type for the	same premises now licensed;	
	-		nonwealth relating to taxes; an	d
3. the pre	emises are now of	pen for business (If not expla	in below)	
SIGNED BY:	Individual,	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, sig	ned by the build	ling inspector and the head	certificate required by Cha of the fire department for t equired by Chapter 116 of th	he above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(ii disapproved ex	spiaiii)			
DATE:				